

Exhibit 9

D. GAZIANO, M.D., F.C.C.P.
Chest Medical Services, Inc.
Certified NIOSH B-reader
Board Certified in
Pulmonary, Internal Medicine & Critical Care
Member American College of Occupational and Environmental Medicine

SUITE 404
3100 MACCORKLE AVENUE, S.E.
CHARLESTON, WEST VIRGINIA 25304

TELEPHONE 304-346-1811
FAX 304-343-3086

Asbestos Screening X-ray

Name: _____
SSN: -8747

Date: 3/17/00 Film Quality: Grade 1

There were minimal irregular and rounded opacities in both lungs. The lungs were otherwise clear. The pleural surfaces were normal. The heart was of normal size and configuration. Mediastinal structures were midline without mass or other abnormality. The bony thorax was unremarkable.

Impression: Apart from minimal interstitial changes of a 0/1 perfusion, insufficient to diagnose pneumoconiosis, the chest x-ray was normal with no evidence of asbestosis or asbestos pleural disease.

DG
Dominic Gaziano, M.D., F.C.C.P.

- DG/lwl

Ref: Foster

FOLK

DOMINIC GAZIANO, M.D., F.C.C.P.
 CHEST MEDICAL SERVICES, INC.
 PULMONARY DISEASES & INTERNAL MEDICINE
 3100 MACCORKLE AVE., S.E.
 SUITE 404
 CHARLESTON, WV 25304
 304-346-1811

1. Claimant's Name (Print)	1A. Date of X-ray	1B. Claimant's Social Security Number	1C. Film Quality (if not Grade 1, Give Reason):																						
	03 17 00 Mo. Day YR.	87 47	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R																						
4D. Is Film Completely Negative?		2A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis?																							
YES <input type="checkbox"/>	Proceed to Section 6	NO <input checked="" type="checkbox"/>	Complete Section 2A																						
YES <input type="checkbox"/>		Complete 2B and 2C																							
NO <input type="checkbox"/>		Proceed to Section 3																							
2B. SMALL OPACITIES																									
a. SHAPE/SIZE		c. PROPUSION																							
PRIMARY	SECONDARY	b. ZONES	0/0 0/1 1/0 1/1 1/2 2/1 2/2 2/3 3/2 3/3 3/4																						
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2C. LARGE OPACITIES																									
		SIZE <table border="1"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> </table>		0	A	B	C																		
0	A	B	C																						
		Proceed to Section 3																							
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?																									
YES <input type="checkbox"/>		Complete 3B, 3C and 3D																							
NO <input checked="" type="checkbox"/>		Proceed to Section 4																							
3B. PLEURAL THICKENING		3C. PLEURAL THICKENING...Chest Wall																							
a. Diaphragm (plaque)		b. Diffuse																							
SITE <table border="1"> <tr><td>O</td><td>R</td><td>L</td></tr> </table>	O	R	L	SITE <table border="1"> <tr><td>O</td><td>R</td></tr> </table>	O	R	SITE <table border="1"> <tr><td>O</td><td>L</td></tr> </table>	O	L	SITE <table border="1"> <tr><td>O</td><td>R</td></tr> </table>	O	R													
O	R	L																							
O	R																								
O	L																								
O	R																								
In Profile	O A B C	O A B C	O A B C																						
I. Width	0 1 2 3	0 1 2 3	0 1 2 3																						
II. Extent	Face On	Face On	Face On																						
III. Extent	0 1 2 3	0 1 2 3	0 1 2 3																						
b. Costophrenic Angle																									
SITE <table border="1"> <tr><td>O</td><td>R</td><td>L</td></tr> </table>	O	R	L																						
O	R	L																							
3D. PLEURAL CALCIFICATION																									
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O	R																								
O	L																								
a. Diaphragm	0 1 2 3	a. Diaphragm	0 1 2 3																						
b. Wall	0 1 2 3	b. Wall	0 1 2 3																						
c. Other Sites	0 1 2 3	c. Other Sites	0 1 2 3																						
Proceed to Section 4																									
4A. ANY OTHER ABNORMALITIES																									
YES <input type="checkbox"/>		Complete 4B and 4C																							
NO <input checked="" type="checkbox"/>		Proceed to Section 5																							
4B. OTHER SYMBOLS (OBLIGATORY)																									
<table border="1"> <tr><td>O</td><td>ax</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>ep</td><td>ev</td><td>di</td><td>el</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>il</td><td>pi</td><td>px</td><td>sp</td><td>lb</td></tr> </table>				O	ax	bu	ca	cn	co	ep	ev	di	el	em	es	fr	hi	ho	id	ih	il	pi	px	sp	lb
O	ax	bu	ca	cn	co	ep	ev	di	el	em	es	fr	hi	ho	id	ih	il	pi	px	sp	lb				
REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION																									
(Specify all)		Date Personal Physician notified?																							
<input checked="" type="checkbox"/>		Mo. Day																							
4C. OTHER COMMENTS																									
Based on the chest x-ray and occupational history, it is my opinion that this claimant																									
() has asbestosis.		() has mixed dust pneumoconiosis with asbestosis.																							
() does not have asbestosis.		() has pneumoconiosis without asbestosis.																							
() has asbestos pleural disease.																									
4D. () has other significant disease:																									
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SHOULD CLAIMANT SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4D?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Proceed to Section 5																									
5A. FACILITY PROVIDING ROENTGENOGRAPHIC EXAMINATION _____																									
PHYSICIAN'S SIGNATURE <u>Dominic G. Gazziano</u>		DATE OF READING _____																							
		(Mo. Day, YR)																							

REDACTED